

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>03 -- 006</u>	2. STATE: MAINE
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE(S) 7/1/03	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY <u>03</u> \$ 485,000 b. FFY <u>04</u> \$ 1,940,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.18-A, P 1, 3RD CONTINUATION PAGE OF PAGE 1, PAGE 3A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 4.18-A, P 1, 3RD CONT. PAGE OF P. 1, 3A	
SUBJECT OF AMENDMENT: ADD COPAY FOR RURAL HEALTH CENTERS AND AMEND PHARMACY COPAY			

11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Peter S. Walsh</i>		16. RETURN TO: CHRISTINE ZUKAS-LESSARD Acting Director, Bureau of Medical Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: PETER WALSH		
14. TITLE: Acting Commissioner, Maine Department of Human Services		
15. DATE SUBMITTED: SEPTEMBER 5, 2003		

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <u>9-30-03</u>	18. DATE APPROVED: <u>3-18-04</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>7-1-03</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Allen Pagan for Bruce D. Greenstein</i>
21. TYPED NAME: Bruce D. Greenstein	22. TITLE: Associate Regional Administrator

23. REMARKS: <div style="text-align: right;"> <i>Maine (03-006)</i> <i>approved: 03/18/04</i> <i>effective: 07/01/03</i> </div>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charges		Amount and Basis for Determination
	Deduct.	Copay.	

The following schedule of copayments applies to all of the services listed below:

Medicaid Payment
for Service

Recipient Copayment

\$10.00 or less
\$10.01 - \$25.00

\$0.50
\$1.00

If the Maximum per day is
\$2.00;
\$25.01 or more

\$2.00

If the Maximum per day is
\$3.00;
\$25.01 - \$50.00
\$50.01 - more

\$2.00
\$3.00

Pharmacy

X

2.50 per prescription not to exceed \$25 per month. Prescriptions obtained through mail order pharmacies are not subject to the copay requirement.

TN No. 03-006

Supersedes

Approval Date: 3-18-04 Effective Date: 7/1/03

TN No. 93-011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

Laboratory	X	A nominal copayment is imposed for each day of laboratory services. The copayment amount shall not exceed \$1 per day.
Medical Imaging	X	A nominal copayment is imposed for each day of x-ray services. The copayment amount shall not exceed \$1 per day.
Psychology	X	A nominal copayment is imposed for each day of psychology services. The copayment amount shall not exceed \$1 per day.
Optical	X	A nominal copayment is imposed for each day of optical services. The copayment amount shall not exceed \$2 per day.
Mental Health Clinic	X	A nominal copayment is imposed for each day of mental health clinic services. The copayment amount shall not exceed \$2 per day.
Optometry	X	A nominal copayment is imposed for each day of optometry services. The copayment shall not exceed \$3 per day.
Substance Abuse Treatment Facility	X	A nominal copayment is imposed for each day of substance abuse treatment facility services. The copayment shall not exceed \$2 per day.
Rural Health Clinics	X	A nominal copayment is imposed for each day of RHC services. The copayment shall not exceed \$3 per day.

TN No. 03-006

Supersedes

TN No. 95-006

Approval Date: 3-18-04 Effective Date: 7/1/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

E. Cumulative maximums on charges: (cont.)

Laboratory: No more than \$10 per month per individual.

Medical Imaging (X-ray) No more than \$10 per calendar month per individual.

Psychology: No more than \$20 per month per individual.

Optical: No more than \$20 per month per individual.

Mental Health Clinic No more than \$20 per month per individual.

Substance Abuse Treatment: No more than \$20 per month per individual.

Optometry: No more than \$30 per calendar month per individual.

Rural Health Clinics No more than \$30 per calendar month per individual.

TN No. 03-006

Supersedes

TN No. 95-006

Approval Date: 3-18-04

Effective Date: 7/1/03

HCFA ID: 0053C/0061E